



From the office of
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How Health Care Reform Benefits Women

In our current health care system, women often face higher health care costs than men and face multiple other barriers to obtaining health insurance. Fewer women are eligible for employer-based coverage. In the individual insurance market, women face discrimination – often being charged substantially higher premiums for the same coverage as men or being denied coverage for such “preexisting conditions” as pregnancy, having had a C-section, or being a domestic violence victim. As a result, many women are under- or uninsured, and simply can’t afford the services they need. In a recent study, more than half of women – compared with 39% of men – reported delaying needed medical care due to cost.

ENDING DISCRIMINATION

PROBLEM: Women are charged up to 48% more than men in the individual market.

In 2008, 14.5 million American women purchased health insurance through the individual market. According to a recent study, these women pay up to 48% more in premium costs than men. This discrepancy is due to an insurance industry practice known as “gender rating,” which permits insurance companies in most states to charge men and women different premiums for the same coverage. In all but 12 states, insurance companies are completely free to use this discriminatory practice.

SOLUTION: Health care reform makes it illegal for insurance companies to use “gender rating” – charging women more than men for the same coverage.

PROBLEM: 79% of women with individual market policies do not have any maternity coverage.

In a 2008 report, the National Women’s Law Center found that the vast majority of individual market health insurance policies do not cover maternity at all. Even if a woman is not currently pregnant, it is unlikely that an insurer will provide or even offer maternity benefits as part of her regular insurance policy. Of the over 3,500 individual market insurance policies analyzed by the Center, just 12% included comprehensive maternity coverage and another 9% provided maternity coverage that was not comprehensive. There are only 14 states that currently require maternity coverage in policies sold on the individual market.

SOLUTION: Health care reform includes coverage of maternity services as a benefit category in the essential benefits package that is outlined in the bill. As a result, all health insurance plans in the Health Insurance Exchange would be required to cover maternity services and over time, plans outside the Exchange would be required to do so as well.

PROBLEM: Women are denied coverage or charged more for pre-existing conditions like pregnancy c-sections, or domestic violence.

- **DOMESTIC VIOLENCE:** In eight states and the District of Columbia, it is perfectly legal for insurance companies in the individual insurance market to deny coverage to victims of domestic violence. In fact, one survey found that at least eight major insurance providers would not provide health, life, or disability coverage to victims, with one industry advocate arguing that insuring a victim of domestic violence would be akin to covering “a smoker who doesn’t stop smoking”.
- **C-SECTION:** A number of health insurance companies treat having had a C-section as a pre-existing condition.

- **PREGNANCY:** Many American women have encountered the problem of pregnancy being considered a pre-existing condition. For example, a Georgian woman had health insurance at the small company where she worked in downtown Atlanta. Shortly before she landed the job in the early fall, she conceived, which she didn't learn until later that fall. Her employer's insurance company then stated that they considered the pregnancy a pre-existing condition and refused to cover pre-natal care and the delivery.

SOLUTION: Health care reform makes it against the law for insurance companies to deny coverage or charge higher premiums on the basis of a "pre-existing condition".

EXPANDING ACCESS

PROBLEM: Many women have no access to employer-provided coverage.

Currently, less than half of America's women have the option of obtaining health insurance through a job. One reason this is true is that more women tend to work for small businesses and/or work part-time.

SOLUTION: Health care reform creates a new Health Insurance Exchange or marketplace, which is targeted for the millions of Americans who do not currently have health insurance offered to them by their employers – including millions of America's women. The existence of this exchange will give America's women new insurance security -- guaranteeing that they will always have choices of quality, affordable health insurance if they lose their job, switch jobs, move or get sick. At this Exchange, you can easily compare prices, benefits and performance of health plans and decide which option is right for you and your family. Premium assistance is provided to all those with incomes up to 400% of poverty.

MAKING HEALTH CARE AFFORDABLE

PROBLEM: Women more often face unaffordable out-of-pocket costs.

Any medical event can place a woman at risk for potentially devastating financial costs, even when she has health insurance. In a recent study, more than half of women reported delaying needed medical care due to cost – compared with 39% of men. Similarly, in another recent study, one-third of women reported being forced to make a difficult trade-off such as giving up basic necessities in order to get the health care they needed.

SOLUTION: By expanding access to affordable health insurance to all Americans, providing premium assistance to make it affordable, and putting a cap on what insurance companies can force you to pay in out-of-pocket expenses, co-pays, and deductibles, health care reform will make health care affordable for America's women and protect them from high and potentially ruinous out-of-pocket health care costs.

PROBLEM: Key preventive services are often unaffordable for women and their children.

In many cases, even those American women and their children who have health insurance do not receive key preventive care services – ranging from mammograms to well-baby and well-child care – because they cannot afford the co-pays required. For example, partly because of unaffordability, one in five women over the age of 50 nationwide has not received a mammogram in the past two years.

SOLUTION: Health care reform makes preventive care more affordable by eliminating all co-pays and deductibles for recommended preventive services. This will be a particularly important provision to ensure that women and their children receive the preventive health care services that they need.